Prospective Payment System Rate Adjustment (Change in Scope of Services)

		Interim Rate for	Final Rate for
	7	Change in Service	Change in Service
Line #		(Column 1)	(Column 2)
	Cost of Existing Services:	Medicaid	Medicaid
1	Current PPS Rate	megicald	wedicalo
2	Medicald Visits for Existing Services (Avg#of Visits for Base Years)		**
3	Total Medicald Cost of Existing Services	Line 1 times Line 2	
	Change in Service: (based on projected financials from provider)		
4	Total Direct Cost Associated with Change in Service	Provider Projection	
5	Administrative Cost Allocation (Avg % of Adm Cost for Base Years as % of direct cost)	Admin Cost % times Line	
6	Total Cost of Change in Service	Line 4 plus Line 5	
7	Medicaid Visits for Change in Service	Provider Projection	•
8	Total Visits for Change in Service	Provider Projection	
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9	Medicaid Visits as % of Total Visits	Line 7 divide by Line 8	
10	Total Medicaid Cost of Change in Service	Line 6 times Line 9	
	New Rate Calculation:		
11	Total Medicaid Cost of Existing Services	Line 3	
12	Total Medicald Cost of Change in Service	Line 10	
	Total Medicaid Cost of Existing Services and Projected Medicaid Cost of		
	Change in Service	Line 11 plus Line 12	
		Line 11 plus Line 12	
	Volumes for Existing and Change in Services:		
	Medicaid Visits for Existing Services	Line 2	*
	Medicaid Visits for Change in Service	Line 7	
16	Medicaid Volumes for Existing and Change in Services	Line 14 plus Line 15	
	Calculation of Changed PPS Rate:		* ** ** ** ** ** ** ** ** ** ** ** ** *
	Total Medicald Cost of Existing Services and Projected Medicald Cost of		
	New Service	Line 13	
10	Medicald Volumes for Existing and Change in Services	Line 16	
19	Medicaid Interim PPS Rates	Column 1- Line 17 divided by Line 18	
20	Medicald Final PPS Rates		Column 2- Line 17 divided by Line 18
	Medicaid Reimbursement Reconciliation:		
21	Medicaid Interim PPS Rate		Column 1- Line 19
	Medicaid Final PPS Rate (Year 1)		Column 1- Line 19
			Column 2- Line 21 less
	Difference		Line 22
24	Actual Medicaid Volumes (Year #1)		Column 2- Line 16
			Column 2-Line 23 times
25	Balance Due Medicaid / (Provider)		Line 24
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